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Date Set for First PASSPORT Summit

The upcoming PASSPORT Summits present an exceptional opportunity for providers to affect change in this key program. Registrations are still being accepted for each of these events. The Montana Department of Public Health and Human Services (DPHHS) is planning these summits to determine if the current operation of the PASSPORT to Health program is the most effective way to meet its objectives. If there are aspects of the program that don't meet your needs, or those of your clients, the summits are your chance to present your ideas to help shape the future of the Medicaid managed care in Montana.

The one-day facilitated summits are planned for locations across

the state. The first will be held in Helena at the First Presbyterian Church on Tuesday, April 26, from 9:30 am to 4:30 pm. Coffee and donuts will be served at 9:30 am; lunch will be provided. Summits are also planned in Havre during the week of May 10, Billings during the week of May 17, Kalispell the week of June 7, and Missoula (date to be determined). Summit organizers would like to see a cross-section of PASSPORT stakeholders at the events, including: PASSPORT providers, specialists and other non-PCPs, representatives from billing companies, hospitals, FQHCs, RHCs, the tribal health community, and client advocates.

If you would like to participate in one of the summits, contact PASSPORT Program Officer Niki Scoffield at (406) 444-4148 or niscoffield@mt.gov . Visit Montana Medicaid's website at www.mtmedicaid.org often for updates on the Summits, including dates, times, and meeting locations for Havre, Billings, Kalispell, and Missoula.

ACS Now Providing EDI Support

The ACS Provider Relations Department is happy to announce

that we are now providing support for electronic claims submission. If you have problems with electronic claims, want to enroll to submit electronically or just need information, you can call Provider Relations in Helena or out-of-state at 406-442-1837 or in-state at 800-624-3958. Our EDI call center agents have been trained to support all areas of electronic claims submission and are anxious to use their new skills

Nurse First Wallet Cards Now Available

Does your office see some of the same patients repeatedly who could treat themselves at home? Does your Urgent Care or ER have patients who present with symptoms that could be appropriately cared for at their PCP's office? Montana Medicaid recognizes the drain on resources, time, and staff that these cases present and has developed a new outreach tool for providers to use to educate these patients about the Nurse First advice line.

Thousands of Montana Medicaid clients called the toll-free Nurse First advice line last year and received fast, caring, and sound medical counseling. Nurse First, which is available around the clock, ensures clients get the right care at the right place at the right time. In order to reinforce the importance of calling the line prior to seeking health care, Montana Medicaid has developed wallet cards for providers to give to patients who are seeking inappropriate levels of care.

These wallet cards feature the number to the general Montana Medicaid Help Line. The Help Line will know if someone is on Medicaid and eligible for the Nurse First program. Help Line operators will then give the client the direct number for Nurse First. The wallet card provides space for the client to write in the Nurse First phone number once they have received it from the Help Line. If your staff is sure the patient is enrolled in Medicaid, they may write the number on the card prior to giving it to the client to place in his/her wallet.

The Nurse First phone number is not printed on the card because it is sometimes difficult for staff to know if someone is Medicaid eligible or not. In addition, this will help conserve financial resources, as Montana Medicaid is charged by the administrators of Nurse First each time there is a call to the Nurse Advice line.

If you would like to request a supply of the wallet cards and/or an outreach visit, contact Nurse First Program Officer Tedd Weldon at (406) 444-1518 or teweldon@mt. gov, or Medicaid Managed Care Communications Manager Anastasia Burton at (406) 444-9538 or aburton@mt.gov.

Obstetric Observation Billing

Qualifying obstetric observation hours are set at 1 hour to 48 hours

- 1. Billing for an ED, Clinic or Critical Care Admit for Obstetric Observation qualifying conditions.
- DO NOT bill using G0244. We use Medicare's OCE. Unfortunately it does not recognize obstetric observation and overrides Medicaid coding. We have had to work around this issue and have been able to resolve it by not using G0244 for a qualifying admit from the ED, Clinic or Critical Care units.
- You must bill Revenue Code 762 using 99234, 99235 or 99236. Bill the number of units (hours) and charges on this line.

Required diagnosis are:

640.00, 640.03, 640.80, 640.83, 640.90, 640.93, 644.00, 644.03, 644.10, 644.13, 630.00, 631.00, 641.03, 641.13, 641.23, 641.30, 641.33, 641.83, 641.93, 642.03, 642.13, 642.23, 642.33, 642.43, 642.50, 642.53, 642.60, 642.63 642.70, 642.73, 642.93, 643.00, 643.03, 643.10, 643.13, 643.20, 643.23, 643.80, 643.83, 643.90, 643.93, 644.20, 645.13, 645.23, 646.03, 646.10, 646.13, 646.20, 646.23, 646.33, 646.43, 646.53, 646.60, 646.63, 646.70, 646.73, 646.80, 646.83, 646.93, 647.03, 647.13, 647.23, 647.33, 647.43, 647.53, 647.63, 647.83, 647.93, 648.03, 648.13, 648.23, 648.33, 648.43, 648.53, 648.63, 648.73, 648.83, 648.93, 651.03, 651.13, 651.23, 651.33, 651.43, 651.53, 651.63, 651.83, 651.93, 652.03, 652.13, 652.23, 652.33, 652.43, 652.53, 652.63, 652.73, 652.83, 652.93, 653.03, 653.13, 653.23, 653.33, 653.43, 653.53, 653.63, 653.73, 653.83, 653.93, 654.03, 654.13, 654.23, 654.33, 654.43, 654.53, 654.63, 654.73, 654.83, 654.93, 655.03, 655.13, 655.23, 655.33, 655.43, 655.53, 655.63, 655.73, 655.83, 655.93, 656.03, 656.13, 656.23, 656.33, 656.43, 656.53, 656.63, 656.73, 656.83, 656.93, 657.03, 658.03, 658.13, 658.23, 658.33, 658.43, 658.83, 658.93, 659.03, 659.13, 659.23, 659.33, 659.43, 659.53, 659.63, 659.73, 659.83, 659.93, 660.03, 660.13, 660.23, 660.33, 660.43, 660.53, 660.63, 660.73, 660.83, 660.93, 661.03, 661.13, 661.23, 661.33, 661.43, 661.93, 662.03, 662.13, 662.23, 662.33, 663.03, 663.13, 663.23, 663.33, 663.43, 663.53, 663.63, 663.83, 663.93, 665.03, 665.83, 665.93, 668.03, 668.13, 668.23, 668.83, 668.93, 669.03, 669.13, 669.23, 669.43, 669.83, 669.93, 671.03, 671.13, 671.23, 671.33, 671.53, 671.83, 671.93, 673.03, 673.13, 673.23, 673.33, 673.83, 674.03, 675.03, 675.13, 675.23, 675.83, 675.93, 676.03, 676.13, 676.23, 676.33, 676.43, 676.53, 676.63, 676.83, 676.93, 792.3, 796.5, V28.0, V28.1, V28.2, V61.6

- 2. Billing for Direct Admit for Obstetric Observation qualifying conditions.
- DO NOT bill using G0244. We use Medicare's OCE. Unfortunately it does not recognize obstetric observation and overrides Medicaid coding. We have had to work around this issue and have been able to resolve it by not using G0244 for a qualifying direct admit.
- You must bill Revenue code 762 with G0263
 Bill one unit, charges are necessary on this line.
- You must bill Revenue Code 762 using 99234, 99235 or 99236. Bill the number of units (hours) and charges on this line.

Because the claims have code G0244, we are unable to do a mass adjustment. If you have qualifying obstetric claims that have been denied because of G0244, you may submit adjusted claims if the first date of service is within 365 days.

If you have claims starting from date of service 8/1/03 that have been denied because of G0244 on qualifying obstetric services, you may submit the corrected claims to:

Rena Steyaert Claims Resolution Officer P.O. Box 202951 Helena, MT 59620-2951

The only claims past the 365 day filing limit that may be submitted are obstetric observation claims with code G0244.

Provider Training Survey

It is time to start planning for spring Medicaid provider training in your area, and we would like your input. This is your opportunity to design the training to correspond to your specific needs. Please take a moment to complete this survey. You may fold it in half and mail it, or fax it to ACS Provider Relations at (406) 442-4402. Questions may be directed to Provider Relations at (800) 624-3958 in state or (406) 442-1837 Helena and out-of-state.

What would you like to see included in provider training? (check all that apply)		
□ Prior Authorization □ Team Paper Claims Surv □ Completing a CMS-1500 □ □ Completing a UB-92 □ □ Preventing Claim Denials □ Elec □ Adjustments □ Remittance Advices □ TPL/Medicare Crossovers □ Emergency Services Additional suggestions or comments:	SPORT To Health In Care Reillance Utilization Review Section (SURS) In Record Keeping In Post Payment Review In Authorization Record Billing In Electronic Billing Procedures In Attachments In WINASAP 2003	
Pluviuci i	HIVI HIALIVII	
Medicaid Provider ID Number	Provider Name	
Provider Type (e.g., physician, hospital, nursing facility, etc.)	Provider Specialty	
Contact Name	Phone Number	





Montana Medicaid P.O. Box 4936 Helena, MT 59604

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. Providers are responsible for reviewing all publications. For details and further instructions, download the entire document from the Provider Information website at www.mtmedicaid.org. Select *Resources by Provider Type* for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

D-4-	1	tions Available on Website
Date	Provider Type	Description
Notice	es	
01/21/05	Physician, Mid-Level Practitioners, Hospital Outpatient, RHC, FQHC, IHS, ASC, Optometrist, Public Health Clinic, Lab and X-Ray	New and deleted codes and updated Botox criteria
02/02/05	Pharmacy	Prior authorization for Lunesta
02/03/05	Hospital Outpatient	Obstetric observation billing
02/04/05	All Providers	Introduction to Preferred Drug List
Fee So	hedules	
02/01/05	Hospital Outpatient	October APC fee schedule
02/01/05	Hospital Outpatient	January APC fee schedule
02/08/05	DMEPOS	Updated fee schedule
02/11/05	Physician, Mid-Level Practitioners, Podiatry, Public Health Clinic, Lab & X-Ray, IDTF, and Outpatient Hospital	January fee schedules
Manu	als/Replacement Pages	
01/19/05	Optometric, Optician, Eyeglasses	Optometric manual replacement pages and updated manual
01/21/05	DMEPOS	Manual replacement pages and updated manual
01/25/05	Physician, Mid-Level Practitioners, Podiatrist, Public Health Clinic, Lab and X-Ray, IDTF	Physician Related Services manual replacement pages and updated manual
01/25/05	Hospice	Hospice manual replacement pages and updated manual
02/02/05	Ambulance, Commercial and Specialized Non-Emergency Transportation and Personal Transportation	Manual replacement pages and updated manual
Other	Resources	
01/10/05	School-Based Services	Medicaid Administrative Claiming Program participant list Q205, financial data report Q105, participant training quiz and answers
01/13/05	Pharmacy	Drug manufacturer dossiers for Oxycontin and Palladone
01/17/05	Nursing Facility	The following forms were posted to the Forms page: Level I Screen, Level of Care Determination, Transfer Notice, Staffing Report, THV Bed Hold, THV > 72 Hours Bed Hold, Hospital Bed Hold, MA3
01/21/05	Pharmacy	Updated preferred drug list, DUR agenda for February, preferred drug list regional training schedule
01/28/05	Pharmacy	Updated preferred drug list and preferred drug list rollout schedule
02/02/05	Pharmacy	Updated preferred drug list
02/03/05	School-Based Services	CSCT Workgroup meeting minutes for 12/20/04
02/04/05	Pharmacy	Updated PDL training and rollout schedule
02/04/05	All Providers	Added complete Medicaid provider enrollment packet
02/08/05	Pharmacy	Montana preferred drug quicklist, drug class reviews for February

Montana Medicaid ACS P.O. Box 8000 Helena, MT 59604

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Key Contacts

Provider Information website: http://www.mtmedicaid.org

ACS EDI Gateway website: http://www.acs-gcro.com

ACS EDI Help Desk (800) 987-6719

Provider Relations

(800) 624-3958 (In Montana)

(800) 442-1837 (Helena and out-of-state)

(406) 442-4402 Fax

TPL (800) 624-3958 (In Montana)

(406) 443-1365 (Helena and out-of-state)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 624-3958

Prior Authorization

DMEPOS (406) 444-0190

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations P.O. Box 4936 Helena, MT 59604

Claims Processing P.O. Box 8000 Helena, MT 59604

Third Party Liability P.O. Box 5838 Helena, MT 59604